

Montana Medicaid - Fee Schedule Denturist

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.
For example:
26 = professional component
TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4, HCPCS or CDT-3 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee. Laboratory services paid at 60% of listed fee

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

Anes Value: Number of anesthesia base value units

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

Global – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

Space: Global concept does not apply to this code

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the usual global period does not apply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Modifier	Description	Effective	Method	Fee	Global	PA
D0140		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	7/1/01	FEE SCHED	\$20.40		
D0140	EP	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	7/1/01	FEE SCHED	\$26.52		
D0330		PANORAMIC FILM	7/1/01	FEE SCHED	\$32.64		
D0330	EP	PANORAMIC FILM	7/1/01	FEE SCHED	\$42.43		
D0470		DIAGNOSTIC CASTS	7/1/01	FEE SCHED	\$25.50		
D0470	EP	DIAGNOSTIC CASTS	7/1/01	FEE SCHED	\$33.15		
D5110		COMPLETE DENTURE -- MAXILLARY	7/1/01	FEE SCHED	\$510.00		
D5110	EP	COMPLETE DENTURE -- MAXILLARY	7/1/01	FEE SCHED	\$663.00		
D5120		COMPLETE DENTURE -- MANDIBULAR	7/1/01	FEE SCHED	\$510.00		
D5120	EP	COMPLETE DENTURE -- MANDIBULAR	7/1/01	FEE SCHED	\$663.00		
D5130		IMMEDIATE DENTURE -- MAXILLARY	7/1/01	FEE SCHED	\$561.00		
D5130	EP	IMMEDIATE DENTURE -- MAXILLARY	7/1/01	FEE SCHED	\$729.30		
D5140		IMMEDIATE DENTURE -- MANDIBULAR	7/1/01	FEE SCHED	\$561.00		
D5140	EP	IMMEDIATE DENTURE - MANDIBULAR	7/1/01	FEE SCHED	\$729.30		
D5211		MAXILLARY PARTIAL DENTURE - RESIN BASE	7/1/01	FEE SCHED	\$346.80		
D5211	EP	MAXILLARY PARTIAL DENTURE - RESIN BASE	7/1/01	FEE SCHED	\$450.84		
D5212		MANDIBULAR PARTIAL DENTURE - RESIN BASE	7/1/01	FEE SCHED	\$361.08		
D5212	EP	MANDIBULAR PARTIAL DENTURE - RESIN BASE	7/1/01	FEE SCHED	\$469.40		
D5213		MAXILLARY PARTIAL DENTURE -CAST METAL FRAMEWORK W/RESIN BASE	7/1/01	FEE SCHED	\$612.00		
D5213	EP	MAXILLARY PARTIAL DENTURE -CAST METAL FRAMEWORK W/RESIN BASE	7/1/01	FEE SCHED	\$795.60		
D5214		MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK W/RESIN BASE	7/1/01	FEE SCHED	\$612.00		
D5214	EP	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK W/RESIN BASE	7/1/01	FEE SCHED	\$795.60		
D5410		ADJUST COMPLETE DENTURE -- MAXILLARY	7/1/01	FEE SCHED	\$24.48		
D5410	EP	ADJUST COMPLETE DENTURE -- MAXILLARY	7/1/01	FEE SCHED	\$31.82		
D5411		ADJUST COMPLETE DENTURE -- MANDIBULAR	7/1/01	FEE SCHED	\$24.48		
D5411	EP	ADJUST COMPLETE DENTURE -- MANDIBULAR	7/1/01	FEE SCHED	\$31.82		
D5421		ADJUST PARTIAL DENTURE -- MAXILLARY	7/1/01	FEE SCHED	\$24.48		
D5421	EP	ADJUST PARTIAL DENTURE -- MAXILLARY	7/1/01	FEE SCHED	\$31.82		
D5422		ADJUST PARTIAL DENTURE -- MANDIBULAR	7/1/01	FEE SCHED	\$24.48		
D5422	EP	ADJUST PARTIAL DENTURE -- MANDIBULAR	7/1/01	FEE SCHED	\$31.82		
D5510		REPAIR BROKEN COMPLETE DENTURE BASE	7/1/01	FEE SCHED	\$61.20		
D5510	EP	REPAIR BROKEN COMPLETE DENTURE BASE	7/1/01	FEE SCHED	\$79.56		
D5520		REPLACE MISSING OR BROKEN TEETH-COMplete DENTURE(EACH TOOTH)	7/1/01	FEE SCHED	\$40.80		
D5520	EP	REPLACE MISSING OR BROKEN TEETH-COMplete DENTURE(EACH TOOTH)	7/1/01	FEE SCHED	\$53.04		
D5610		REPAIR RESIN DENTURE BASE	7/1/01	FEE SCHED	\$61.20		
D5610	EP	REPAIR RESIN DENTURE BASE	7/1/01	FEE SCHED	\$79.56		
D5620		REPAIR CAST FRAMEWORK	7/1/01	FEE SCHED	\$83.64		
D5620	EP	REPAIR CAST FRAMEWORK	7/1/01	FEE SCHED	\$108.73		
D5630		REPAIR OR REPLACE BROKEN CLASP	7/1/01	FEE SCHED	\$75.48		
D5630	EP	REPAIR OR REPLACE BROKEN CLASP	7/1/01	FEE SCHED	\$98.12		
D5640		REPLACE BROKEN TEETH-PER TOOTH	7/1/01	FEE SCHED	\$61.20		
D5640	EP	REPLACE BROKEN TEETH-PER TOOTH	7/1/01	FEE SCHED	\$79.56		

Dental/Denturist: BR = 80% of billed charges for children
ages 0 to 20; otherwise 65.2% of billed charges
Medical: BR = 55% of billed charges

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Proc	Modifier	Description	Effective	Method	Fee	Global	PA
D5650		ADD TOOTH TO EXISTING PARTIAL DENTURE	7/1/01	FEE SCHED	\$61.20		
D5650	EP	ADD TOOTH TO EXISTING PARTIAL DENTURE	7/1/01	FEE SCHED	\$79.56		
D5660		ADD CLASP TO EXISTING PARTIAL DENTURE	7/1/01	FEE SCHED	\$102.00		
D5660	EP	ADD CLASP TO EXISTING PARTIAL DENTURE	7/1/01	FEE SCHED	\$132.60		
D5710		REBASE COMPLETE MAXILLARY DENTURE	7/1/01	FEE SCHED	\$204.00		
D5710	EP	REBASE COMPLETE MAXILLARY DENTURE	7/1/01	FEE SCHED	\$265.20		
D5711		REBASE COMPLETE MANDIBULAR DENTURE	7/1/01	FEE SCHED	\$204.00		
D5711	EP	REBASE COMPLETE MANDIBULAR DENTURE	7/1/01	FEE SCHED	\$265.20		
D5720		REBASE MAXILLARY PARTIAL DENTURE	7/1/01	FEE SCHED	\$163.20		
D5720	EP	REBASE MAXILLARY PARTIAL DENTURE	7/1/01	FEE SCHED	\$212.16		
D5721		REBASE MANDIBULAR PARTIAL DENTURE	7/1/01	FEE SCHED	\$163.20		
D5721	EP	REBASE MANDIBULAR PARTIAL DENTURE	7/1/01	FEE SCHED	\$212.16		
D5730		RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	7/1/01	FEE SCHED	\$122.40		
D5730	EP	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	7/1/01	FEE SCHED	\$159.12		
D5731		RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	7/1/01	FEE SCHED	\$122.40		
D5731	EP	RELINE COMPLETE MANDIBULAR DENTURE(CHAIRSIDE)	7/1/01	FEE SCHED	\$159.12		
D5740		RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	7/1/01	FEE SCHED	\$102.00		
D5740	EP	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	7/1/01	FEE SCHED	\$132.60		
D5741		RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	7/1/01	FEE SCHED	\$102.00		
D5741	EP	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	7/1/01	FEE SCHED	\$132.60		
D5750		RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	7/1/01	FEE SCHED	\$163.20		
D5750	EP	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	7/1/01	FEE SCHED	\$212.16		
D5751		RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	7/1/01	FEE SCHED	\$163.20		
D5751	EP	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	7/1/01	FEE SCHED	\$212.16		
D5760		RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	7/1/01	FEE SCHED	\$163.20		
D5760	EP	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	7/1/01	FEE SCHED	\$212.16		
D5761		RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	7/1/01	FEE SCHED	\$163.20		
D5761	EP	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	7/1/01	FEE SCHED	\$212.16		
D5820		INTERIM PARTIAL DENTURE (MAXILLARY)	7/1/01	FEE SCHED	\$204.00		
D5820	EP	INTERIM PARTIAL DENTURE (MAXILLARY)	7/1/01	FEE SCHED	\$265.20		
D5821		INTERIM PARTIAL DENTURE (MANDIBULAR)	7/1/01	FEE SCHED	\$204.00		
D5821	EP	INTERIM PARTIAL DENTURE (MANDIBULAR)	7/1/01	FEE SCHED	\$265.20		
D5899		UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE BY REPORT	7/1/01	BY REPORT	\$0.00		
D5899	EP	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE BY REPORT	7/1/01	BY REPORT	\$0.00		
D6930		RECEMENT FIXED PARTIAL DENTURE	7/1/01	FEE SCHED	\$40.80		
D6930	EP	RECEMENT FIXED PARTIAL DENTURE	7/1/01	FEE SCHED	\$53.04		
D6980		FIXED PARTIAL DENTURE REPAIR BY REPORT	7/1/01	FEE SCHED	\$106.08		
D6980	EP	FIXED PARTIAL DENTURE BY REPORT	7/1/01	FEE SCHED	\$137.90		
D9410		HOUSE/EXTENDED CARE FACILITY CALL	7/1/01	FEE SCHED	\$61.20		
D9410	EP	HOUSE/EXTENDED CARE FACILITY CALL	7/1/01	FEE SCHED	\$79.56		
Z0096		PLACING NAME ON FULL OR PARTIAL DENTURE	10/1/97	FEE SCHED	\$12.00		

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